## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

0/573345

|   |  |   |                |                                     |                  |                  |         |                     | LU                     | 1 6   | 9 6 92 "                   | न्य                    |  |
|---|--|---|----------------|-------------------------------------|------------------|------------------|---------|---------------------|------------------------|-------|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I  |  |   |                |                                     |                  |                  |         | SMALL ENT           | TTY                    | OR    | OTHER                      |                        |  |
| 110   | NATIONAL                                       | STAGE FFFS                                | (Columi        | n 1)                                |                  | Column 2)        | 7 1     |                     |                        | 7     | <del></del>                |                        |  |
| U.S. NATIONAL STAGE FEES  |  |   | <u> </u>       | · · ·                               |                  | •                | 4       | RATE                | FEE                    |       | RATE                       | FEE                    |  |
| BASIC FEE   |  |   |                |                                     |                  |                  |         | BASIC FEE           |                        | OR    | BASIC FEE                  | 3 CO                   |  |
| EXAMINATION FEE   |  |   |                |                                     | •                |                  |         | EXAM. FEE           |                        |       | EXAM. FEE                  | 2.00                   |  |
| SEARCH FEE  |  |   |                |                                     |                  |                  |         | SEARCH FEE          |                        |       | SEARCH FEE                 | 5œ                     |  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =    |                                     |                  | / 50 =           |         | X \$ 125 =          |                        |       | X \$ 250 =                 |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 7 minus 20 = * |                                     |                  |                  |         | X \$ 25 =           |                        | OŘ    | X \$ 50 =                  |                        |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 = *    |                                     |                  |                  | ] ]     | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                            |                |                                     |                  |                  | 1       | + \$ 180 =          |                        | OR    | + \$ 360 =                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                |                                     |                  |                  | TOTAL   |                     | OR                     | TOTAL | 1000                       |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |                |                                     |                  |                  |         | SMALL ENTITY        |                        |       | OTHER THAN OR SMALL ENTITY |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMB<br>PREVIOU<br>PAID F  | ER<br>JSLY       | PRESENT<br>EXTRA |         | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus          | **                                  |                  | =                |         | X \$ 25 =           |                        | OR    | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus          | ***                                 |                  | =                |         | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |  |
|   | FIRST PRES                                     | ENTATION OF M                             | IULTIPLE DEPI  | ENDENT C                            | LAIM             |                  |         | + \$ 180 =          |                        | OR    | + \$ 360 =                 |                        |  |
|   |  |   |                |                                     |                  | ,                |         | TOTAL ADDIT.<br>FFF |                        | OR    | TOTAL ADDIT.<br>FFF        |                        |  |
|   |  | (Column 1)                                |                | (Colum                              | n 2)             | (Column 3)       |         | ;                   |                        |       | •                          |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | -              | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ST<br>ER<br>JSLY | PRESENT<br>EXTRA |         | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus          | **                                  |                  | =                |         | X \$ 25 =           |                        | OR    | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus          | ***                                 |                  | =                | $\prod$ | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                                     |                  |                  |         | + \$ 180 =          |                        | OR    | + \$ 360 =                 |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. |  |   |                |                                     |                  |                  |         |                     |                        |       |                            |                        |  |
|   |  |   |                |                                     |                  |                  |         | PP Printo DON       | •••••••••••            |       |                            |                        |  |